

LovABLE SERVICES, INC.

5637 Lowland Lane SW
 Roanoke, VA 24018
beth@lovableservices.org
 (540) 353-4750



LovABLE SERVICES, INC.
Training Application

Office Use Only

Date Received: _____
 Training Begin: _____
 Training End: _____

APPLICANT INFORMATION			
Applicant Name: Last	First	Middle	Maiden
Street Address:	City	State	Zip Code
Telephone Number: Cell/Home	Work:	Date of Birth: *	Age:
Applicant Email:	Current/Last School Attended:	Date of Graduation/Withdrew	Gender: Male Female
Parent/Guardian Name: (If applicable)	Cell:	Work:	Guardian Email:
Parent/Guardian Name: (If applicable)	Cell:	Work:	Guardian Email:
EDUCATION HISTORY / FUNCTIONAL SKILLS			
		Date: From to	Graduation/Completion
High School		Date: From to	
College/University		Date: From to	
Trade School/Special Training		Date: From to	
Other Education		Date: From to	
List programs (academic/extracurricular) that you participated in at school:			
Applicant's Disability / Medical Diagnosis (If applicable):			
List types of therapies (Speech OT, PT, etc.) you received both publicly and privately, and the agency that provided therapies (If applicable):			
List types of teaching models/disciplines (ABA, Task Analyses, Sensory Integration, etc.) used as strategies (If applicable):			
List the date of your most recent IEP / Evaluation (If applicable):			
Please list all Case Manager(S)/Counselor(s) (IEP, DARS, CSB, etc.) associated with your education and training:			
Agency	Name	Phone Number	Email

Applicant Information:

Do you have any specific certification, training, or volunteer experience? _____

Do you need any specific accommodations or adaptations (specialized equipment, modifications to the work environment, or adjustments to work schedules) to help you participate in the program? _____

- _____ Lift 5-10 lbs? _____ Read/write English?
 _____ Work in group settings? _____ Participate in a hands-on classroom for 2 hours?
 _____ Have transportation? _____ Who is providing transportation/phone number? _____

Medications/Allergies: _____

Seizures: _____

Flight Risk/Runner: _____

Have you ever exhibited aggression towards others or yourself? If yes, please explain _____

Have you ever exhibited disruptive behaviors? If yes, please explain _____

Schedule Conflicts: _____

What are the trainee's education or employment goals? _____

Emergency Contact: _____ **Relationship:** _____

Phone Number: _____ Cell Phone: _____

Email: _____

Additional Notes/Comments: _____

How did you hear about LovABLE Services training? _____

Application submission options:

1. Online submission: To complete and submit the training application online, you will have to have Adobe Reader installed on your computer. Complete the application, save it to your computer, and then email the application to the email address below.
2. Mail submission: Complete the application, print and mail it to the address below.

Please return applications to:

Training Selection Committee
5637 Lowland Lane SW
Roanoke, Virginia 24018

Phone: 540-353-4750

Email: beth@lovableservices.org